

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028763

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 31 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
2 yr.c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 800 West Blue RidgeInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
800 West Blue RidgeReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CLARA

MAE

WILKINSON

4. DATE  
OF  
DEATH

Month

Day

Year

July

8

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8-5-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Oak Grove, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Marion Owings

## 13b. MOTHER'S MAIDEN NAME

Mary Jane Sharp

## 14. NAME OF HUSBAND OR WIFE

Thomas Wilkinson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Willard Wilkinson, 800 W. Blue Ridge

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Coronary Sclerosis

8 yrs.

## DUE TO (c)

Atherosclerotic Heart Disease

8 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Myocardial Infarction, old. Cerebral Thrombosis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour . Month, Day, Year  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 11/4/55 to 7/18/63 and last saw her alive on 7/13/63  
Death occurred at 5 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. C. Cutliff M.D.

## 22b. ADDRESS

1222 McLean

## 22c. DATE SIGNED

7/9/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

7-10-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

## 23d. LOCATION (City, town, or county)

Oak Grove, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Melody-McGilley-Eylar Funeral Home

## 25. DATE RECD. BY LOCAL REG.

7-9-63

## 26. REGISTRAR'S SIGNATURE

P. Ruth Long

1800 E. Linwood, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J. C. Cutliff MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address Lawrence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.